

**CONTRACT DATA SHEET**PSC Type (check one): ☒ New ☐ Renewal ☐ Addendum**Contractor Information**

1. Legal Name of Contractor: Capital Innovations Inc
2. Address: 222 South First Street, Suite 500
3. City/ State & Zip: Louisville, KY 40202
4. Contact Person Name & Telephone Number: Lynn Allen 502-238-8276
5. Revenue Commission Taxpayer ID#: 046707
6. If registration is not required please explain:
7. Is account in good standing: Yes
8. Federal Tax ID # (SSN if sole proprietor): 02-0702657

**Department Information**

9. Requesting Department: Metro Development Authority
10. Contact Person Name & Telephone: Ellie Shipley – 574-2867

**Contract Information**

11. Not to exceed amount: \$30,000
12. Are expenses reimbursed? No
13. If yes list allowable expenses and maximum amount reimbursable:
14. Beginning and ending date of the contract: 7/1/07 – 6/30/08
15. Coding: 8101-505-8510-339061-823711
16. Scope & Purpose of the contract: Develop a debt-based, higher risk pool of privately managed capital or attract such a fund (the “Fund”) which will have the propensity to lend expansion capital to promising local companies on commercially reasonable terms.

**Authorizations**

\_\_\_\_\_ County Attorney Review - Approved as to Form:

Department Director: \_\_\_\_\_ Date: \_\_\_\_\_

Signature certifies:

- ☒ Funds are available
- ☒ Contractor is registered and in good standing with the Revenue Commission
- ☒ Human Relations Commission registration requirements have been met

\_\_\_\_\_ Risk Management Division of Finance - Certifies Insurance requirements satisfied:

Cabinet Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

(If applicable)